



**Long Term Care Coordinating Council
State Plan for Alzheimer's and Related Disorders Working Group**

Access

11:30 – 12:30 pm
Tuesday, February 5, 2013
RICCMHO
Small Conference Room
40 Sharpe Drive
Cranston, RI 02920

Agenda

- 1. Updates and Outcomes from our Central Falls and Providence Listening Sessions.**
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- 2. Telehealth as a Tool for Improving Dementia Care**
 - Lisa Hofer, Nalari Health, LLC - They're a relatively new company, working out of the Foundry. They're currently a part of the Living Rite Grant with Elaina Goldstein; Bridge and the former Cranston Arc (not at any of the dementia specific adult day programs).
 - They are working with the VNA's in particular doing telepresenting where the visiting nurse sits next to the patient and talks to the doctor. This helps because you have a caregiver who knows the patients well communicating with the doctor and where needed, someone who can speak the patient's language. They work with hospitals, community-based healthcare organizations, nursing homes, non-profits, universities and more to connect patients to quality care.
 - They're interested in trying to build long-term relationships with the providers. Focused on keeping the patient at home. The application is used for caregiver-centered care, as opposed to the past models which focused on hospital to hospital communication and provider to consumer communication. The platform includes video conferencing, phone, chat, clinical data/tools, audio conferencing and payment.

- Use cases include client with a telepresenter interacting with urgent care, PCP, specialist, or nurse care coordinator.
- They are powered by American Well (the secure multi-channel communication interface, can do face-to-face (like skype), phone, chat, and can import from all EMR's,
- Lindsay McAllister asked if there was a way to monitor how many times a patient may be logging in to re-check a conversation or remind themselves of certain medication compliance issues, etc.?
 - Lisa answered that they have the ability to do that but it is not an automatic monitor at this point – would be an interesting addition that we could look into.
- Donna Desmarais asked what the average waiting time was.
 - Lisa answered there may be a waiting time in the “waiting room.” Typically, however, the time is scheduled and you will log on at your appointment time. If you're acutely ill and reaching out someone will be available right away. The staffing will be ramping up as we go.
- The group was really interested in access/availability and affordability – who would have this in their home? Is it part of insurance?
 - Lisa explained that they sell to insurance plans. They're focused on high-disease burden populations. If they designed a program for Alzheimer's disease, they would go after NIH funding. That would dictate the availability of providers. They're in talks with the insurers in RI.
 - They're also doing psych consults for patients in nursing homes and in the future it will be a reimbursable code. Last year there were issues with the wording of the legislation. They're looking at using the waiver to create a program for Medicaid in RI in combination with the integrated care network.
 - Their initiatives are primarily focused on CMS populations/disease specific programming.
 - Once a disease-specific provider is established as a user, any other provider for that patient would be able to access the system for free. This is a policy decision that Nalari has made.
- Nalari also has a patient centered medical home (PCMH) interface – physicians are able to chat/leave messages, check medical history, use the “Insights” tab to set rules (female over 40 with no mammogram on record is red flag) and push best practices and medical standards.
 - They're also Partnering with many hospitals in the state on disease-specific projects. They currently have no existing projects on care transitions or readmissions.
 - They're working with PACE. Their team-based model will really benefit from this tool.
 - Finally, they're working to be fully integrated with Current Care RI and are trying to make it more like the “blue button” capability with the VA.

- One potential approach would be to make this type of services available through Medicare Advantage plans. Also currently available for rural areas, but there are only 2 in RI (a patch of South County and Block Island).

3. Public Comment

- Mauren Maigret provided update on funding questions that were brought up during our last meeting with Director Catherine Taylor.
 - Community Caregivers money goes to community service providers for care management and the other half goes to an emergency respite call-in line; \$60,000 goes to the Alzheimer's Association for programming and some for Title III services programming.
 - There is some uncertainty around the respite funding because it is "lifespan" respite and not dementia specific.
- Lisa Hofer suggested reaching out to Brown's Geriatric Center to determine de-identified claims data that would answer the question of how much funding from the state is going to dementia
- There is no standard screening test for cognitive loss used across the patient centered medical home.
 - BIMS is really abbreviated yet is being used more and more often. The Mini mental could be the standard in the future.

4. Adjourn – the meeting was adjourned at 12:40 pm.